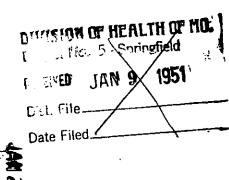
5. No.300 r. 10.48	FILED JAN 22 1951		STANDAR	D CERTIF	CATE OF DE	Str	State File No			
nb	BIRTH NO		REG. DIST. NO.	356	PRIMARY REG. DIST	г. но. <u>6-</u>				8
07	1. PLACE OF DE a. COUNTY	ATH Texas	9		2. USUAL RESI	DENCE .	(Where deceased	tived. If in	nitution: re	idence before admission).
	b. CITY (If outside of OR TOWN	Back Ter	URAL and give township) ST	LENGTH OF AY (in this place)	c. CITY (If outside a					
RECORD	d. FULL NAME OF HOSPITAL OR INSTITUTION	If not in hospital or	stitution, give street add	rese or location)	d. STREET ADDRESS		l, give location)	<u> </u>	1	-
	3. NAME OF DECEASED (Type or Print)	a. (First) Walter	b. (Mi Wa.	ddle)	c. (Last) Helto:	1	4. DATE OF DEATH	(Month) 12	(Day) 22	(Year) 1950
ANENT	5. SEX 0 6.	COLOR OR RACE	7. MARRIED, NEVER WIDOWED, DIVOR Married	MARRIED, CED (Spedity)	8. DATE OF BIRTH 6/6/1913		9. AGE (In)	Months	Days Ho	UNDER 14 MPS.
PERMA	10a. USUAL OCCUPATION done during most of world Laberer	ON (Give kind of work) ng life, even if retired)	10b. KIND OF BUSI	DUSTRY	11. BIRTHPLACE (Bia			2	<u>-</u> _	NOF WHAT
	13a. FATHER'S NAME		136. мотн	ER'S MAIDEN			ME OF HUSBA	ND OR WIF		_
ы	Steve C. H			la Mae F	orbes		ora Ann			
MAKE	i5. WAS DECEASED EVE (Yee, no, or unknown) (II	R IN U.S. ARMED F	f service)	L SECURITY NO.	17. INFORMANT					DRESS
73 	18. CAUSE OF DEATH	<u>^</u>	326-10		Nora Ann He	I ton,	Lebanon	, Miss		
INK-	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Interval be on the control of the contr									
BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia; *ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating				Par Wreck				881	E.A.
	etc. It means the dis- ease, injury, or complica-	the underlying caus	e last. DUE TO						و بنسا	26
UNFADING	tion which caused death.	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition couring death. Receive Levere Auril.								
UNEA	19a. DATE OF OPERA- TION		NGS OF OPERATION				•	•••	20. AUTO	
USING	21a. ACCIDENT SUICIDE HOMICIDE. CCC		b. PLACE OF INJURY (s.g., in or about office bldg., etc.)	21c. (CITY, TOWN, OF	TOWNSHI	97.	COUNTY)	(ST.	ATE)
	21d. TIME (Month) OF INJURY /2 -	(Day) (Year) (B	21e. INJURY	OCCURRED NOT WHILE	21f. HOW DID INJUR	OCCURT			a Ton	
VINI	22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased alive on, 19, and that death occurred at m., from the causes and on the date stated above.									
WRITE: PLAINLY	23a. SIGNATURE	alad Y &	2/1 VI (De	pree or title)	23b. ADDRESS	L_	mo	9*	23c. DATI	SIGNED
VRIT	24a. BURTAL, CREMA TION, REMOVAL (Books) Burial	24 N DATE 12/25/13	24c. NAME		OR CREMATORY		TION (Oity, to		y)	(State)
~	Burial 1 12/25/1950 Dixon Cemetery Dixon, Missouri DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 3.7 25, FUNERAL DIRECTOR'S SIGNATURE								DRESS	
į	Dec 30-30	Mystis	Prace	7 1	Fred H. Gi		Dixon,	Missou	ıri	
		0	(Licensed	empelmer's So	stement on Reverse Sie	Se)		- -		



DIMISION OF HEALTH OF MO. Clatht No. 5 - Springfield JAN 15 1951 RECEIVED

Dist. File 137-12 Date Filed_

#121d38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by......

working under my personal supervision,

Licensed Embalmer No Student Embalmer

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

P. O. Address.